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**Report to
Health and Human Services Interim Committee
On
Susan Gall Involuntary Commitment Act
(General Session 2003 S.B. 27)**

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Table of Contents

| | |
|---|-----------|
| TABLE OF CONTENTS | 2 |
| EXECUTIVE SUMMARY..... | 3 |
| INTRODUCTION..... | 4 |
| METHODOLOGY AND LIMITATIONS | 5 |
| CENTER IDENTIFICATION..... | 6 |
| TABLE 1: CENTER IDENTIFICATION..... | 6 |
| LOCAL AUTHORITY DATA | 6 |
| CHART 1: NUMBER OF INDIVIDUALS COMMITTED FY04 | 7 |
| CHART 2: AVERAGE DAYS FROM ORDER TO COMMITMENT OR DROPPED | 7 |
| CHART 3: AVERAGE COST OF CARE BETWEEN DETENTION AND COMMITMENT OR HOLD DROPPED | 8 |
| CHART 4: AVERAGE NUMBER OF INPATIENT DAYS BEFORE A COMMUNITY PLACEMENT..... | 9 |
| CHART 5: PLACEMENT | 10 |
| CHART 6: AVERAGE DURATION OF COMMITMENT | 10 |
| CHART 7: AVERAGE TIME BETWEEN TERMINATION OF COMMITMENT AND RECOMMITMENT... | 11 |
| CHART 8: NUMBER OF PEOPLE LOST TO FOLLOW-UP | 11 |
| CHART 9: REASONS INDIVIDUALS LOST TO FOLLOW-UP FY04..... | 12 |
| FUNDING..... | 12 |
| TABLE 2: FUNDING AMOUNTS PER CENTER | 12 |
| REFERENCES..... | 13 |

Executive Summary

The Division of Substance Abuse and Mental Health collected information from the Directors of the CMHCs (Community Mental Health Center) to report on possible effects of implementing S.B. 27 (Susan Gall Involuntary Commitment).

Data from the CMHC for the period July 1, 2003 – June 30, 2004 indicate:

- **562** individuals were committed under the definitions of mental illness and substantial danger.
- The average time between issuance of a detention order and commitment was **6 days**.
- CMHCs spent an average of **\$3,557** for cost of care between detention and formal commitment or until the hold was dropped.
- On average, an inpatient stay before community placement was **28 days**.
- The average duration for a commitment, including all recommitments was **108 days**.
- Only four CMHCs reported recommitments. The average length of time between termination of the commitment and recommitment was **51 days**.
- **48** individuals were lost to follow-up for all CMHCs. **66%** of all lost to follow-up absconded from community placement.
- Valley Mental Health, Salt Lake County, indicated that the number of involuntarily civil commitments pre-S.B.27 and post-S.B.27 increased by **119** from **247** to **366** (48% increase).
- Valley Mental Health, Salt Lake County, reported that all community placement costs for those committed totaled **\$493,000**.
- Wasatch Mental Health, Utah County, indicated that any increase was negligible and could not be determined to be due to the change in the law.
- Nine non-Wasatch Front CMHCs had less than 15 commitments. Some indicated that they could not determine if any changes in commitment hearing numbers were due to the implementation of S.B. 27.

**Report on
Data Collected from the Community Mental Health Centers
Concerning
(S.B. 27) Susan Gall Involuntary Commitment**

Introduction

During the 2003 General Session S.B. 27, the Susan Gall Involuntary Commitment actⁱ was passed. One element in the law requires the Division of Substance Abuse and Mental Health to report to the Health and Human Services Interim Committee an analysis of mental health commitments using the following information:

1. The total number of individuals committed under the definitions of mental illness and substantial danger;
2. The length of time between issuance of an order of detention and commitment hearing, and the mental health facility or unit where the individual was placed during this time period;
3. The total cost of care given between detention of the individual and formal commitment, or until the time the individual hold is dropped;
4. For each individual committed, actual placement, including days in inpatient settings before a community placement occurred;
5. The duration for the commitment, including all recommitments;
6. The length of time between termination of the commitment and recommitment, if it occurs; and
7. The number of people lost to follow-up and why.

The bill became law May 5, 2003. Some Mental Health Centers were able to start gathering data quickly; however, some were not able to gather data until June 2003. Based on the varied start times for data gathering, the reported data is based on reported state FY04 numbers (July 1, 2003 to June 30, 2004).

In a review of FY 2001 data, Valley Mental Health, a Wasatch Front center reported that it served a total of 16,553 individuals. Of that total, 3.6% (603) had applications filed for commitment. Of the 603, the court issued 263 commitments. Only 75 (0.5% of total) were admitted to the Utah State Hospital. Central Utah Counseling Center, a non-Wasatch Front center, served 1,575 individuals. Of that total, 0.8% (12) had applications filed for commitment; the court issued 10 commitments and 9 (0.6%) were admitted to the Utah State Hospital. This information was a starting place to determine increase/decrease levels. Although not all of the data is available for comparisons, the submitted data will show that different centers had different results implementing S.B. 27.

Methodology and Limitations

Methodology

The Division developed guidelines for data submission based on input from the Mental Health Centers and the centers were given the guidelines for data collection and submission. The Division analyzed the reports based on accepted research methodologies.

Limitations

This report has several limitations that impact the outcomes reported by the Mental Health Centers. These limitations restrict the conclusions that can be drawn from this data. Comparisons between Centers would also be limited.

1. Comparative data was not required for the 12-month period before S.B. 27 was implemented and data collection was started. Some Mental Health Centers were able to track commitment data to report at the request of the Division.
2. Only some of the Mental Health Centers were able to provide all of the required data elements for the study. By mid-October, the Division requested aggregate data from Centers so the report could be completed.
3. Costs for the detention period prior to commitment or dropping the hold were estimates. Some detentions were in non-Mental Health Center supervised facilities. The facilities would have had increased costs due to volume if the detention numbers increased. The Mental Health Centers were not able to develop accurate costs for these circumstances.
4. Individuals could have had multiple detentions and commitment placements in multiple locations. This could not be tracked for Mental Health Centers who submitted aggregate data.

5. For some Mental Health Centers, the number of detentions and commitments was statistically insignificant. Because of this, a change in 1 or 2 may not be able to be attributed to the changes in S.B. 27.
6. The definitions on some data fields could have been misinterpreted. Lack of raw data from all Mental Health Centers made it impossible to determine if the data being submitted was based on like information.

The complete requirements documentation is available from the Division.

Center Identification

The Mental Health Centers have been divided into WF (Wasatch Front) and NWF (non-Wasatch Front) centers. The following table provides those breakdowns. The WF centers will appear dark and the NWF centers will appear light in all charts. State Totals or Averages will have diagonal lines.

| Center Name | Counties Served | Non-Wasatch Front/ Wasatch Front |
|--|--|-------------------------------------|
| Bear River Mental Health | Box Elder, Cache, Rich | Non-Wasatch Front |
| Central Utah | Piute, Juab, Wayne, Millard, Sanpete, Sevier | Non-Wasatch Front |
| Davis Behavioral Health | Davis | Wasatch Front |
| Four Corners Behavioral Health | Carbon, Emery, Grand | Non-Wasatch Front |
| Heber Valley Counseling | Wasatch | Non-Wasatch Front |
| Northeastern Counseling Center | Duchesne, Uintah, Daggett | Non-Wasatch Front |
| San Juan Counseling | San Juan | Non-Wasatch Front |
| Southwest | Beaver, Garfield, Iron, Kane, Washington | Non-Wasatch Front |
| Valley Mental Health, Salt Lake County | Salt Lake County | Wasatch Front |
| Valley Mental Health, Summit County | Summit County | Non-Wasatch Front |
| Valley Mental Health, Tooele County | Tooele County | Non-Wasatch Front |
| Wasatch Mental Health | Utah County | Wasatch Front |
| Weber Human Services | Weber, Morgan | Wasatch Front |

Table 1: Center Identification

Local Authority Data

The data in this section is based on information provided by the Mental Health Centers.ⁱⁱ Each question has data only for FY04. Based on this information, comparisons from prior to implementation of S.B. 27 cannot be made. Data would have to be studied over time to determine the impact on the CMHCs.

1. The total number of individuals committed under the definitions of mental illness and substantial danger.

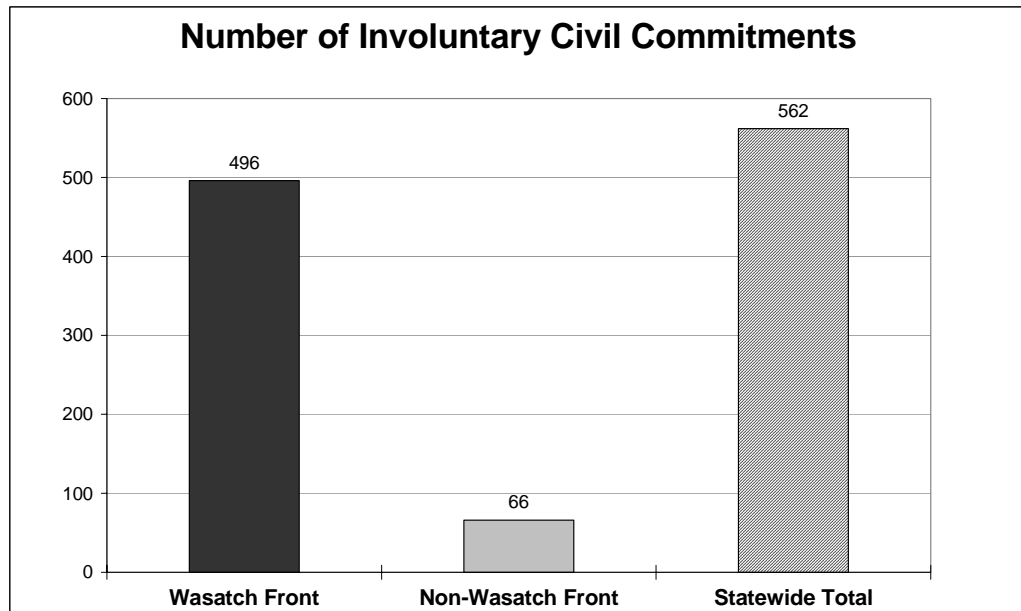


Chart 1: Number of Individuals Committed FY04

WF Centers committed 88% of total (496) commitments. NWF Centers committed 12%.

2. The length of time between issuance of an order of detention and commitment hearing, and the mental health facility or unit where the individual was placed during this time period.

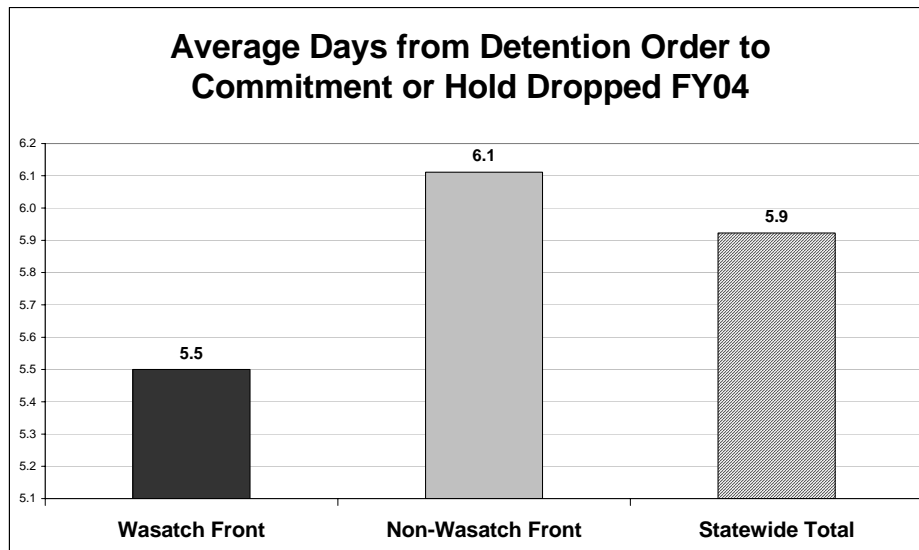


Chart 2: Average Days from Order to Commitment or Dropped

In-patient units accounted for 91% of patient placements during detention and another 6% were detained at the Utah State Hospital.

3. The total cost of care given between detention of the individual and formal commitment, or until the time the individual hold is dropped.

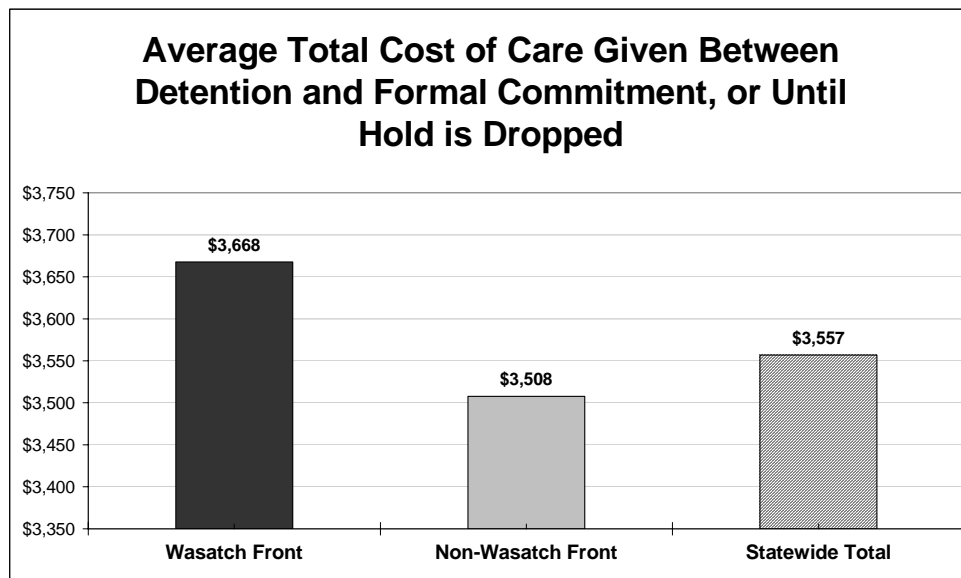


Chart 3: Average Cost of Care Between Detention and Commitment or Hold Dropped

The statewide average for local authorities reporting cost of care is \$3,557. There is currently not a comparison from previous fiscal years to determine if there was an increase in costs.

Valley Mental Health, Salt Lake County, and Wasatch Mental Health, Utah County, provided individual reports on their service increases. Valley Mental Health, Salt Lake County, indicated that the number of involuntarily civil commitments pre-S.B.27 and post-S.B.27 increased from 247 to 366 (48% increase). Based on Valley Mental Health, Salt Lake County, average per person cost of \$4,143; this represents an increased cost of approximately \$493,000 for the 119 additional applications.

Wasatch Mental Health, Utah County, indicated that there was a “negligible” increase in numbers served, but the costs were absorbed through normal budget processes. The CMHC

reported it could not determine if the increase was due to the change in the law or normal growth.ⁱⁱⁱ

Nine NWF CMHCs had less than 15 commitments. Some indicated that they could not determine if any changes in commitment hearing numbers were due to the implementation of S.B. 27.

4. For each individual committed, actual placement, including days in inpatient settings before a community placement occurred.

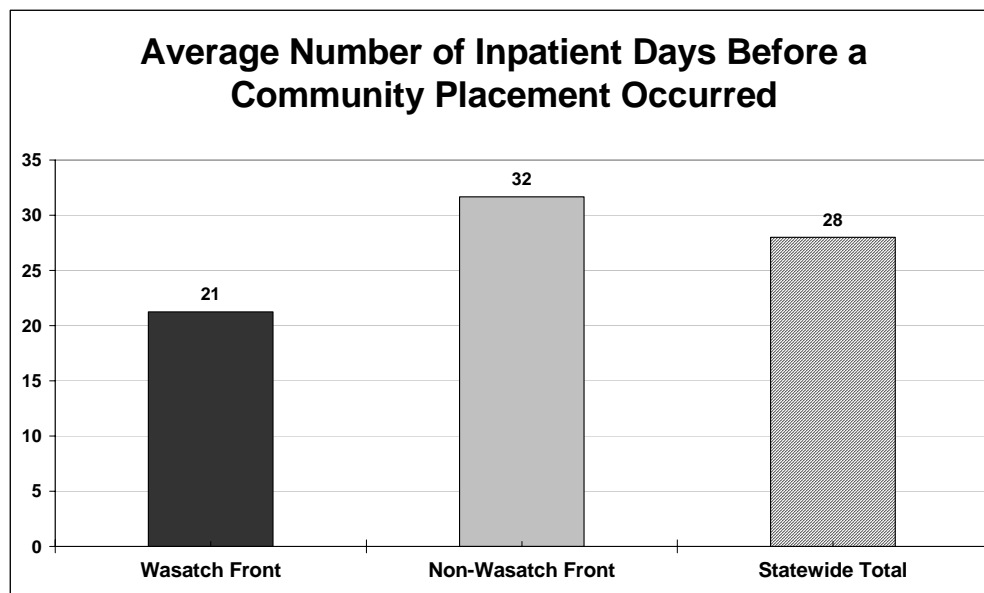


Chart 4: Average Number of Inpatient Days before a Community Placement

The statewide average is 28 inpatient days before community placement occurred. The highest amounts (101 and 58) and the lowest (5 and 6) are in the NWF areas. The average for NWF centers is 32; the average for WF centers is 21.

The inpatient placement breakdown for the period of time individuals were placed in inpatient settings during commitment is as follows:

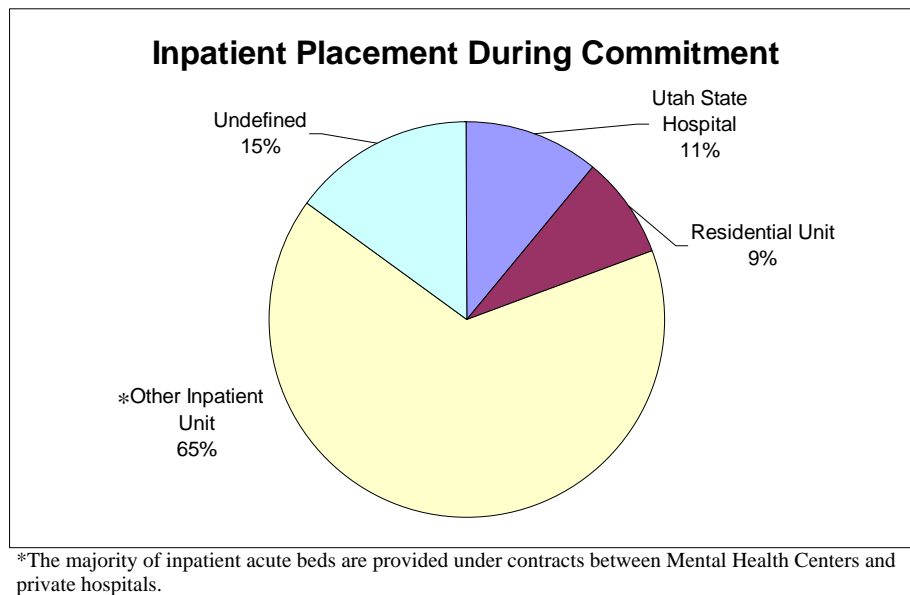


Chart 5: Placement

5. The duration for the commitment, including all recommitments.

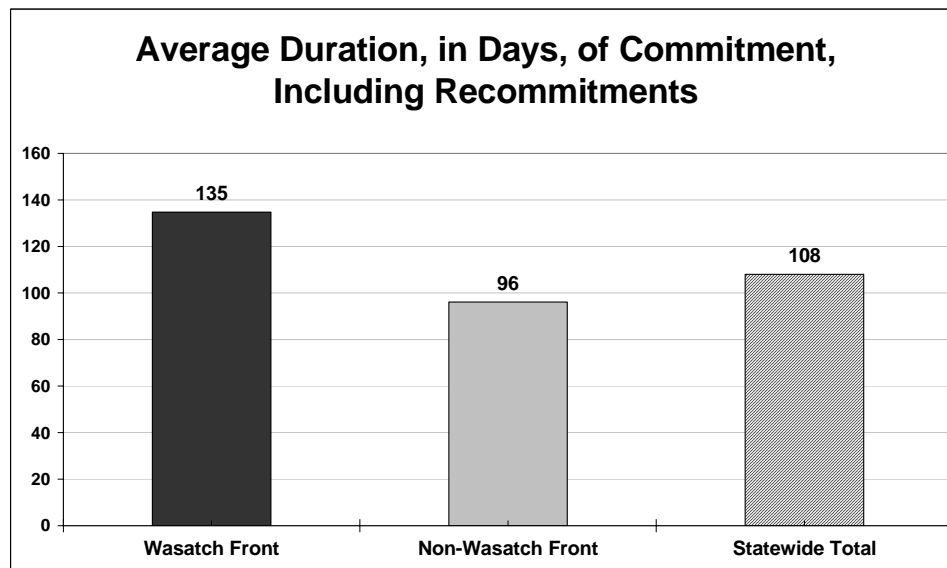
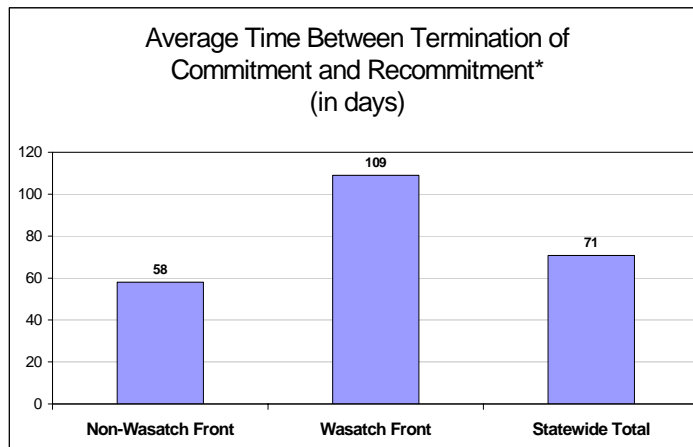


Chart 6: Average Duration of Commitment

The duration of commitments ranges from 5 days to 222 days. The state average is 108 days. For CMHCs with averages of more than 100 days, two are WF centers and four are NWF centers. For CMHCs with averages of less than 100 days, five are NWF and two are WF centers.

6. The length of time between termination of the commitment and recommitment, if it occurs.



*Costs associated with the rehearing process for recommitments are in addition to commitment hearing costs.

Chart 7: Average Time Between Termination of Commitment and Recommitment

Only four Mental Health Centers reported recommitments. The average for one of the non-Wasatch Front Centers falls within the definition of Rapid Readmission (30 days or less). All other averages fall outside this window. The number of individuals recommitted was not reported.

7. The number of people lost to follow-up and why.

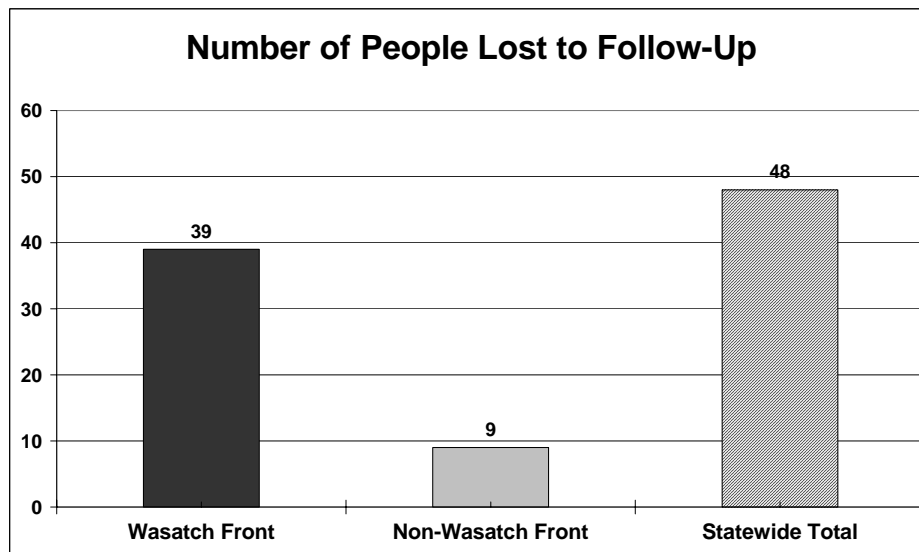


Chart 8: Number of People Lost to Follow-up

Number of individuals lost to follow-up represents 9% of the total statewide commitments.

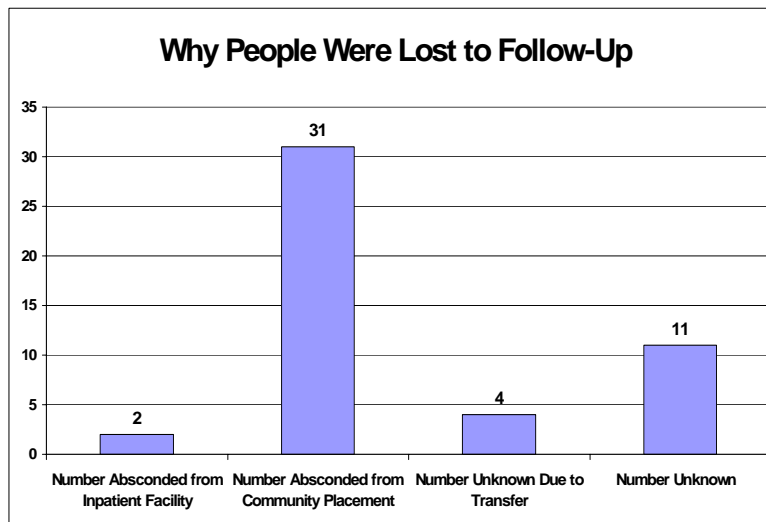


Chart 9: Reasons Individuals Lost to Follow-up FY04

Funding

The legislature authorized \$188,600 for FY04 and FY05 to assist Mental Health Centers with possible S.B. 27 costs. The funds were distributed through the Division on the funding formula established by the Board. The centers received the following allotments:

| Center Name | Funding Amount |
|--|----------------|
| Bear River Mental Health | \$11,400 |
| Central Utah | \$5,500 |
| Davis Behavioral Health | \$20,200 |
| Four Corners Behavioral Health | \$3,100 |
| Heber Valley Counseling | \$1,400 |
| Northeastern Counseling Center | \$3,400 |
| San Juan Counseling | \$1,100 |
| Southwest | \$12,300 |
| Valley Mental Health, Salt Lake County | \$74,800 |
| Valley Mental Health, Summit County | \$2,600 |
| Valley Mental Health, Tooele County | \$3,700 |
| Wasatch Mental Health | \$32,100 |
| Weber Human Services | \$17,000 |

Table 2: Funding Amounts per Center

Some centers report that funding was used to offset recent cuts in revenue. One center reported the funding was used to maintain case management services. For the smaller centers the allocations were negligible and more likely absorbed by normal inflationary increases.

References

ⁱ Susan Gall Involuntary Commitment Amendment, 2003 General Session, State of Utah. Sponsor: Leonard M. Blackham. Enrolled Copy (amending 62A-15)

ⁱⁱ All documentation for this data is located with the Evaluation and Research Unit, Division of Substance Abuse and Mental Health.

ⁱⁱⁱ Wasatch Mental Health Report and follow-up telephone conversation with the Director. Report on file with the Evaluation and Research Unit, Division of Substance Abuse and Mental Health